2411 N. Charles Street, Baltimore

06268

#### CERTIFICATE OF DEATH

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Reg. Dist. No. 2 FZ

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY-	T ha
S/ MARY S MARYLAND	MoryLand	1.11/0 TYS
CITY (If outside corporate limits, write/RURAL and LENGTH OF STAY OR give nearest town) LEONA ROLL (in this place)	CITY (Il outside corporate limits, write RURAL and give OR TOWN RAVILLE	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ST. MARYS HOSPITAL	STREET (If rural, give location)	
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Dan) (Yana)
(Type or Print) $\angle 60N$	ohle DEATH 6 - /	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) TO TY CO	1.70 1070 0/ Montha [	year   If under 24 hrs. Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR done during most of working life, even if retired) / INDUSTRY	11. BIRTHPLACE (State or foreign country)   12.	CITIZEN OF WHAT
13. FATHER'S NAME	19ek/19/14	0.5.14.
T , . 1, 72 //	14 MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	Margarel GohRES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	ANNA B. Boble - PRAVILLE	M6.
18. MEDICAL CER	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 0	ONSET AND DEATH
Immediate cause (a) Gerelie of	Kemon hafe	24:
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	derivie cadio Vascular	**
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	The state of the s	20. AUTOPSY?
		Yes   No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	The state of the s
OF INJURY  m. While at Not While Work At work	1	displays.
22. I hereby certify that I attended the deceased from 15 7/2	cal 1951, to be fury , 19 SI, that I last say	w the deceased
alive on 1957, and that death occurred at		
alive on	m., from the causes and on the date state	DATE SIGNED
Log Jugg ner, 1040	~ men ames cu . 100	6/18/52
BIRIAL CREMATION DATE THEREOF NAME OF CEMETER ST. S.S.	1 // 100	Md. (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	DDRESS
6/18/51 Carralies	on someon a forwards	auni Ms

BUREAU V. S.
BUREAU V. S.

# MARGIN RESERVED FOR BINDING

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06269

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH		2. USUAL RESIDENCE (H		UNTY
of marila	MARYLAND	Macy	sull it	Maria
CITY (If outside corporate limits, write OR give nearest town) TOWN	RURAL and LENGTH OF STAY (in this piace)	CITY (If outside of ports) OR TOWN	te limits, write RUTAL at	nd give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural give location	on)
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month	en . 7 1
(Type or Print) Clara 5. SEX   6. COLOR OR RA	CE 17. SINGLE, MARRIED,	8. DATE OF BIRTH	DEATH MA	under 1 year  If under 24 hrs.
Fremale White	WIDOWED, DIVORCED, (Specify)	Dec 24-1867	83 yrs. M	onths Days Hours Min.
19a. USUAL OCCUPATION (Give kind of done during most of working life, even if ret	work   10b. KIND OF BUSINESS OR	Maro Meridia	foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME	C . T.	14. MOTHER'S MAIDEN	NAME	
or comme	arter	Clare	- Aune	~
15. WAS DECEASED EVER IN U.S. ARMED F (Yes, no, or unknown) (If year, give war or service)		17. INFORMANT	u. Coa	ral
I. DISEASES OR CONDITIONS DIRECT	TLY LEADING TO DEATH	etification		INTERVAL BETWEEN ONSET AND DEATH
giving rise to the above cause stating the underlying cause last  II. OTHER SIGNIFICANT CONDITION		arluis-	Scheros	,
Conditions contributing to the death but related to the disease or condition causin	g death.			
19a. DATE OF OPERATION 19b. MA.	OR FINDINGS OF OPERATION			20. AUTOPSY?
				Yes No P
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR T	(COU	NTY) (STATE)
	our) INJURY OCCURRED While at Not While m. Work At work	HOW DID INJURY OC	CURI	
22. I hereby certify that I attende alive on 1951 SIGNATURE  23. BURIAL, CREMATION PATE REMOVAL (Specify)	d the deceased from	ADDRESS from the	causes and on the date of the lead of the lead ocation (City, town, or New How)	te stated above.  DATE SIGNED
		Jean a	rdlower l	t ond

BUREAU V. S.

igei o nuc

BECEINED

06270

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

eg. Dist. No. 28/

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
MARYLAND	STATE and Sounty	wash.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give negret town) TOWN (in this place)	CITY (If outside corporate limits, write RURAL and giv	e pearest town)
	TOWN Callaway	(Mural)
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	
STREET ADDRESS A Mary'S Hospilal	ADDRESS	,
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) and Lenge	Jement DEATH June	5 19.57
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH   9. AGE last birthday   If under	1 year  If under 24 hrs.
Frencell White (Specify) Willey &	mast 16-1879 76 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12	CITIZEN OF WHAT
done during most of working life, even if retired INDUSTRY	maryland St-marisi	COUNTRY?
73. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	NY Q M
Malanil Mussell	anna Jana	01-
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no) or unknown) (If year, give war or dates of service)	Tennel Dement	-
		1
18. MEDICAL CER I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
16		1
Immediate cause (a) Types lattle fr	eumoria diti-	- Ldays
422 / Antecedent cause(s)		A
Diseases or conditions, if any, (h) Chronic myres	diti	3 years
giving rise to the above cause stating the underlying cause last	-	
II. OTHER SIGNIFICANT CONDITIONS	00 100 100 100 100 100 100 100 100 100	
Conditions contributing to the death but not		1600
related to the disease or condition causing death.	o receiver	10 years
198. DATE OF OPERATION 190. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
BLACCIDENT (Specific) I DIACE (Home form factour street	CITY OF TOWN COUNTY	Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE   INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While	HOW DID INJURY OCCUR!	
INJURY m.   Work  At work		4
22. I hereby certify that I attended the deceased from steps the	1950 to 6-5-19.5/ that I lest or	w the deceased
alive on, 19.5, and that death occurred at	O.D	ted above.
SIGNATURE (Degree or title)	ADDRESS / C	DATE SIGNED
P. P. Beau M.D.	Great mills, md.	6/6/51
23. BURIAL CREMATION DATE NAME OF CEMETER REMOVAL (Specify)	(010)	(State),
Buria & Specify) June 8-195% Holy 70	al Cometers Treat Mills	Maryland
DATE DEC'D BY LOCAL VREGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 6-6-51 pg Bean ha.	Low C. Halling les	1



2411 N. Charles Street, Baltimore

correct age

MARGIN RESERVED FOR BINDING

#### CERTIFICATE OF DEATH

Reg. Dist. No. 28/

8	OBMITTION .	B OI DENII	Reg. Dist. N	0
€C	1. PLACE OF DEATH. COUNTY J. Maryland MARYLAND	2. USUAL RESIDENCE (HE STATE	elasse COUNT	M. Massi
ion carefully and legibly	CITY (If outside corporate limits, write RURAL and OR give nearest town)  TOWN HOSPITAL OR INSTITUTION OR	CITY (If outside corporation of TOWN OF TOWN STREET ADDRESS	(If rural, give location)	tall
ation crly and	3. NAME OF DECEASED (Type or Priot)	(Last)	4. DATE (Month)	(Day) (Year)
death clearly and	6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	June 21, 1951	уп.   —	Days Hours Min.
item of	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  13. FATHER'S NAME	11. BIRTUPLACE (State or Mary)  14. MOTHER'S MAYDEN	and	COUNTRY? S.A.
y every item the causes of d	15. WAS DECRASED EVER IN U.S. ARKED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT, AND	ADDRESS TO S	Park Hell
Suppl	18. MEDICAL CEI		The state of the s	INTERVAL BETWEEN ONSET AND DEATH
INK.	754.3 Antecedent cause (a) Guguitel Leant oh	cese; petent for	ramen ovali	1-day
, WITH UNFADING important. Physicians:	Diseases or conditions, if any, (b)			
UNF.	11. OTHER SIGNIFICANT CONDITIONS Cooditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
Hat				
, WI	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TO	WN) (COUNTY	) (STATE)
PLAINLY, is especially	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCC		
FE PL.	22. I hereby certify that I attended the deceased from land alive on 6 - 22 - 19.5%, and that death occurred at	f		
WRITE	PyReary MD.	Great mile	le md	6-23-51
PLEASE	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) 6-23-5 NAME OF CEMETER THEREOF NAME OF CEMETER THE THE THEREOF NAME OF CEMETER THE THEREOF NAME OF CEMETER THE THEREOF NAME OF CEMETER THE	24. FUNERAL DIRECTOR	CATION (City, town, or cour	ADDRESS
Pi	206211248325 Beary MA	5 tastling	Doustney	Hermannell
			0,	- Ina



2411 N. Charles Street, Baitimore

#### CERTIFICATE OF DEATH

1	ľ	U	6	1	1

GERIFICAI	E OF DEATH Reg. Dist.	No
1. PLACE OF DEATH. COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED-	TYM and
CITY (if outside corporate limits, write RURAL and CITY of STAY OR gran nearest town TOWN Control of City of STAY (in this place)	CITY (If butside corporate limits, write RURAL and OR TOWN	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS Rural # 2	
S. NAME OF DECEASED (First) (Middle) (Middle) (Type or Print)	Helman DEATH (Month)	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) (Specify)	8. PATE OF BIRTH 9. AGE last birthday If und Mont	der 1 year II under 24 hrs hs Days Hours Min.
dene during most of working life, even if retired INDUSTRY.	M BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. Jahr Freeman	14. MOTHER'S MAIDEN NAME	el
(Yes, no, or unknown) (If year, give war or dates of service)	Mrs. William C. Fre	encen
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) acute mysc	erdial Failure. Lie Heart disease	Sudden
Antecedent cause(s)	Lie Heart disease	- 498
giving rise to the above cause stating the underlying cause last		0 0 0 0 • • • • • • • • • • • • • • • •
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		00 00 00 00 00 00 00 00 00 00 00 00 00
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNT	Y) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/15	, 19.46, to 6/3 , 19.5/, that I last	saw the deceased
alive on	ADDRESS	stated above. DATE SIGNED
Robert T. Fucho, H.D.	Leonaroltown, Md.	6/4/51
BURLO (Society) June 6-1901 St Faul	Cemelian Jan Median	1 mil
DATE REC'D BY LOCAL PREGISTRAR'S SIGNATURE REG.	Jose C. Halling By	ADDRESS 290211
	Leonarderon	mal

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



2411 N. Charles Street, Baltimore

#### OPDITIES ATTE OF DEATH

06274

CERTIFICAT	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH COUNTY  CITY (If opering forporate limits, write RERAL and OR give necessivown)  HOSPITAL OR INSTITUTION OR STREET ADDRESS  3. NAME OF (First)  MARYLAND  LENGTH OF STAY (in this place)	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE  CITY (If outside exporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS  (Last)  4. DATE (Month) (Day) (Year)
DECRASED (Type or Print)  6. SEX  6. COLOR OR RACE VIDOWED, DIVORCED, (Specify)  10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business or	8. DATE OF BIRTH 9. AGE last highfday If under 1 year Months Days Hours Min BIRTHPLACE (State or foreign country) 12. CITIZER OF WHAT
13. FATHER'S NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (II yes, give war or dates of service)	14 MOTHER'S MAIDEN NAME  17. INFORMANT  17. INFORMANT
18. MEDICAL CE	RETIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediato cause  (a) Diseases  Santecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c) Diseases  (d) Diseases  (e) Diseases  (e)	Telleword  Territy 5 1/2 mg  artially from before tensky hopital
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY2
136. DATE OF GERMANON TROPINGS OF GERMANON	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   INJURY   Mork   At work	HOW DID INJURY OCCUR?
alive on 114, 191, and that death occurred at  SIGNATURE  Decree or title)	ADDRESS  ADD
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 6/14/51	24. FUNERAL DIRECTOR ADDRESS  D. C. Kleeling Veneralia M.
206141325200	Contract Con

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefulty is especially important. Physicians: please write the causes of death clearly and legifly. MARGIN RESERVED FOR BINDING

OF ALEGELANIII

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

116275

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY ST. MARY S MARYLAND	STATE Mary Land. COUNTY	ST. Marys
CITY (If outside corporate limits, write RURAL and OR give nearest town)  TOWN  CONORD  CONORD	OR TOWN OAK VILLE	e nearest town)
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR ST. MARYS HOSPITAL	ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) OCORGE LOVIS	JONES DEATH 6-	9 - 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH 9. AGE last hirthday If under I Months	year   If under 24 hrs. Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12.	Comment on William
done during most of working life, even if retired)   INDUSTRY-	no i	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MANDEN NAME	0.5.4.
15. WAS DECRASED EVER IN U.S. ABMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) [(II yes, give war or dates of	1	10 1111
// // service)	Charles Vones - Oakvil	LE, PVIC.
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
. Pulma	naus trementiale	
Immediate cause	out of community	
Antecedent cause(s)	are fullencularia	7
Diseases or conditions, if any, (b)	9 0000000	***************************************
giving rise to the above cause stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No D
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY  m. While at Not While Work At work		
	1 11 10 11	
22. I hereby partify that I attended the deceased from	, 1957, to June 19, 197, that I last sa	w the deceased
alive on June 9 1951, and that death occurred at	O. P. m., from the causes and on the date sta	tod above
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
I say Transt how MY	meletamies lille Mil	6/11/17
to all conferred of the	Trock Harberts Cau	0/11/3/
REMOVAL ((Specify)	RY OR CREMATORY LOCATION (City, town, or count	(State)
DATE RECOUNT LOCAL   REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
REG. 6/19/57 Carred les	P.B. Reliennel - Land	Many
	e your fanas	gerouse!
	82011	) ma.

BUREAU V. S.

VS. A15 PLEASE

The correct age

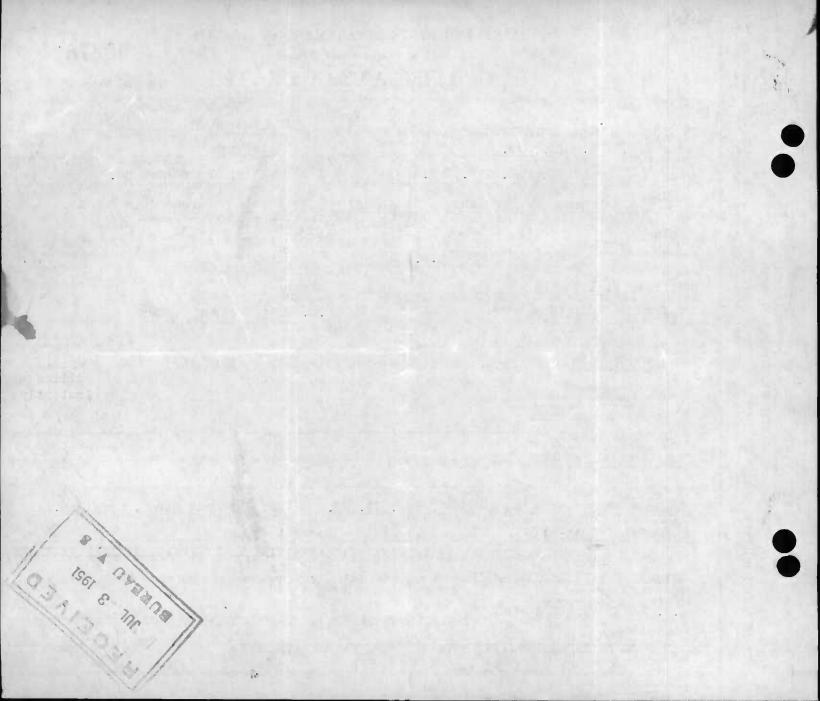
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06276

#### CERTIFICATE OF DEATH

1. PLACE OF DEAT			2. USUAL RESIDENCE (	COTT	NTV
D D	t, Mary's	MARYLAND	Pennsy]	vania	
OR give pearest	PAX. RIV., MD.	AL and LENGTH OF STAY (in this place)	OR TOWN Pittsbu	ate limits, write RURAL and	i give nearest town)
HOSPITAL OR	NEIRMARY	· · · · · · · · · · · · · · · · · · ·	STREET	(II warma) grive location	1)
INSTITUTION O STREET ADDRE	ss USNAS, PAA.		ADDRESS Box 211	, Fox Chapel Rd	/
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Thomas	Shaw KIELT		DEATH June	29 1951
5. SEX Male	6. COLOR OR RACE Caucasian	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 11-39-29	9. AGE last birthday If un Mon	
	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF WHAT
done during most of v	vorking life, even if retired)	INDUSTRY U.S. NAVY	Pennsylvania		COUNTRY? U.S.
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDEN		
William K	ieltv		Unknown		
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes., no, or unknown)	(If yes give war of dates of leervice) 1948-51		U.S. Navy Re	cords	
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Des males	(a) E	lectric Shock #870	8 (Struck by Li	ghtening)	None
935.8 mmediat	e cause (*)_==:	2000110 2110011 // 910	03 (501 001 03 22	6.1.40.1.21.67	Killed
	nt cause(s)				
	conditions, if any, (b) the above cause			000 07 000 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Instantly
192 giving rise to	inderlying cause last				
	(c)				
Conditions contribu	CANT CONDITIONS uting to the death but not se or condition causing deat	h.			
		INDINGS OF OPERATION			20. AUTOPSY?
					Yes No 🖾
21. ACCIDENT	(Specify)   PLAC	CE (Home, farm, factory, street,	(CITY OR	rown) (coun'	
SUICIDE	Accident INJU	RY USNAS PAX RIV.	MD IISNAS Pa	tuxent River, M	
	(Day) (Year) (Hour)	INJURY OCCURRED	I HOW DID INJURY OC	CUR?	ary rand.
OF INJURY 6/29		While at Not While Work At work	Recreation		
22. I hereby cert	ify that Pattended to				
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	What death occurred at	1:51 a.m., from the	causes and on the date	stated above.
SIGNATURE	terson	(Degree or title)	ADDRESS		DATE SIGNED
S. J. PETE	RSON, LTJG MC I	ISMP			
23. BURIAL, CREM			RY OR CREMATORY   1	LOCATION (City, town, or co	ounty) (State)
- REMOVAL (Spec	eify) / / /	51		Sharenet	7)_
DATE REC'D BY		SIGNATURE	24. FUNERAL DIRECTO	OR PSPURE	ADDRESS
REG. 7_1+	6-1 /	0	WANT II.	1 T	Stauring M.
- (71/	1 lama	aed	( Hollins	on - gronar	around, 11 w.
				61	13916.



The correct

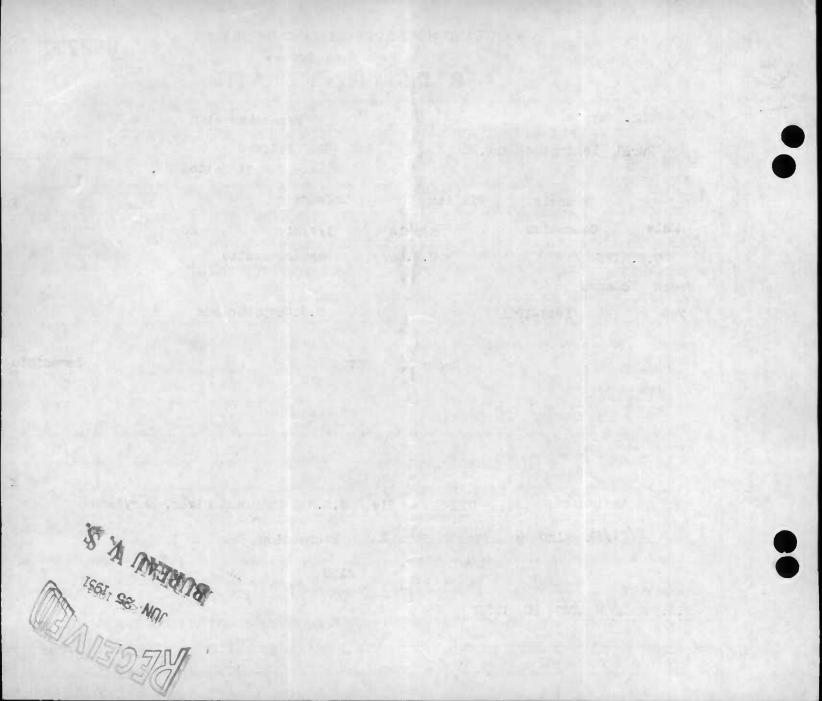
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

06277

		L OF DEAT	acg. Dist.	No
lary's	MARYLAND	2. USUAL RESIDENCE (I	HOME) OF DECEASED.	NTY
rporate limits, write RUR town) Lexington Par	AL and LENGTH OF STAY (in this place)	OR TOWN Bedford	ate limits, write RURAL and	give nearest town)
S		STREET ADDRESS 21	Holton Ste location	)
Francis	William	McKenna	4. DATE (Month) OF June	(Day) (Year) 21 19 5
6. COLOR OR RACE Caucasian	(Specify) Single	8. DATE OF BIRTH 1/7/31	9. AGE last hirthday   If und 20   Mont	der i year   If under 24 hr hs   Days   Hours   Min
raing life, even if retired)	Industry U.S.Navy	Massachusset	ts	12. CITTZEN OF WHAT
nna		V	NAME	
er in U.S. Armed Forces (II yes, gly 948 of 951) service) 1948 1951	1? 16. SOCIAL SECURITY No.			
f cause(s) onditione, if any, the above cause derlying cause last (c)	Drowning #	3706		Immediate
ing to the death but not e or condition causing deat				
ATION 196. MAJOR I	FINDINGS OF OPERATION			Yes No C
(Specify) PLA Cident OF INJU	JRY USIAS Pax Riv			(STATE)
(Day) (Year) (Hour) 51 2120 pro-	INJURY OCCURRED While at Not While Work At work	Recreation	CUR?	
	,	2120		
	Francis  6. COLOR OR RACE Caucasian  TION (Give kind of work Fing life, even if retired)  Enna ER IN U.S. ARMED FORCES (If yes, give and of the service) 1948-1951  NDITIONS DIRECTLY  Cause (a)  Cause (b) Onditione, if any, the above cause derlying cause last (c) CANT CONDITIONS Ling to the death but not e or condition caueing deat that I of the service) 195. MAJOR 1  (Specify) PLA Cident OF INJI (Day) (Year) (Hour)  (Clay) (Year) (Hour)	Ary S  rporate limits, write RURAL and town)  Lexington Park, Md  Francis  Francis  Caucasian  Caucasian  Cippelly Single, Married, Wilddle)  TION (Give kind of work ing life, even if retired)  ER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO.  (If yes, rivers)  IS. MEDICAL CE  NDITIONS DIRECTLY LEADING TO DEATH  Cause  (a)  Drowning  f cause(s)  onditione, if any, the above cause derlying cause last or condition causing death.  AATION 19b. MAJOR FINDINGS OF OPERATION  (Specify)  PLACE (Home, farm, factory, street, or off underlying cause last injury  (Day) (Year) (Hour)   INJURY OCCURRED No.  (In this place)  (in this place)  (Middle)  WIDOWED, MARRIED, WIDOWED, SINGLED, WIDOWED, SINGL	STATE Massachu  City (II outside corpor  OR Bedford  STREET  ADDRESS  21  (First) Francis  (I) Francis Francis  (I) Francis Francis  (I) Francis Francis  (I) Francis Francis Francis  (I) Francis Francis Francis  (I) Francis Francis Francis Francis  (I) Francis Francis Francis Francis  (I) Francis Fr	Color or race   Color or rac



The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH	Mary's	MARYLAN	n	2. USUAL RESI	DENCE (F	HOME) OF DE	CEASED.	Somery	
CITY (If outside c	orporate limits, write RUR. town) t River, Mc	AL and   LENGTH OF	STAY	CITY (If outs OR TOWN Ha	_	ate limits, write			n)
HOSPITAL OR INSTITUTION OF STREET ADDRE	Infirmary, U	.S. Naval Ai:	r	STREET ADDRESS		(If rural, sage Ave,	give location) Lacy Pa	rk	
3. NAME OF DECEASED (Type or Print)	(First) Leroy F	(Middle)	MC LA	(Last) AUGHLIN		4. DATE OF DEATH	(Month) June	(Day) 15	(Year)
5. SEX Male	6. COLOR OR RACE	7. SINGLE, MARRIE WIDOWED, MOLYON (Specify)	EGD.	8. DATE OF BI	_	9. AGE last bir	thday If under Months	l year   If und Days   Hour	er 24 hrs.
CIVITS SELVI	ATION (Give kind of work yorking life electron)	10b. Kind of Busin		Philadel	phia,	Pa.	) 13	COSTAY!	WHAT
13. FATHER'S NAM Eli	MC LAUGHLIN				ildred	NELLS			
15. WAS DECRASED E (Yes, no. or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates (  service)	7   16. SOCIAL SECURITY	No.	17. INFORMANT		ADDRESS			
		18. MEDI	ICAL CEL	RTIFICATION				1	
I. DISEASES OR CO	ONDITIONS DIRECTLY							INTERVAL B ONSET AND	ETWEEN DEATE
Immediat	e cause (a)	Wound, penetri left lumbar	rating	, lower le	eft at	domen an	d	31 hrs	3.
916.3 Anteceder		leit lumbar	region	1					
giving rise to	conditions, if any, (b) the above cause inderlying cause last				. 4			, #4 89 89 8001 pageson pageson	Anninter (responses e que que
Conditions contribu	(c) CANT CONDITIONS uting to the death but not							1.	
	se or condition causing deat RATION   19b. MAJOR I		TION					20. AUTOI	PSYT
								Yes 🖂	No 🗆
21. ACCIDENT SUICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory office bidg, etc.)	v, street,		ITY OR T	rown)	(COUNTY)	(STAT	444
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While		HOW DID IN	JURY OC				
INJURY June		Work X At wor	k 🗆	Rocket b		1			
22. I hereby cert	ify that I attended the	e deceased from6-	-14-5]	, 19, to	6-15-5	19,	that I last s	aw the dec	eased
alive on 6-1 SIGNATURE	15 19.51, an	d that death occurr (Degree or title	ed at	7:00 pm., f	from the	causes and o	n the date st	ated above.	
C. M. C. 23 BURIAL, CREM REMOVAL SPA	ATION DATE THEREO	MC USN OF NAME OF C	USNAS	Patuxent RY OR CREMAT	River	CCATION (Cit	nd y, town, or coun	(y) 6-15	tate)
DATE REC'D BY	LOCAL   REGISTRAR'S	SIGNATURE	7010	24. FUNERAL	DIRECTO	R	0	ADDRESS	1
6 PET ST	1 Com	aliex	(	ABC.	Sok	inson	-plan	nords	ann
1	/ / /						1	09091	16

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#### MARYLAND STATE DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH

06279

FOR MEDICAL EXAMINERS Reg. Dist. No. I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE MARYLAND CITY (If outside corporate limits, write RURAL and OR give pearest town) CITY (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY (in this place) TOWN exiNG/on HOSPITAL OR STREET (If rural, give location) INSTITUTION OR STREET ADDRESS ADDRESS 3. NAME OF (Middie) (First) (Last) 4. DATE (Month) (Day) (Year) DECEASED (Type or Print) Rancis DEATH 19.5/ 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 9. AGE last birthday | If under ( year | If under 24 brs. | Months | Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY HOUSEWI 13. FATHER'S NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no, or unknown) (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, (b) .. giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not 4 related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No 🗆 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY (CITY OR TOWN) (COUNTY) (STATE) PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. INJURY (Hour) TIME (Month) (Day) (Year) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not while nailer work at work 22. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . thereon and from the evidence obtained by said Autopsy. Inspection or Inquiry, find that said deceased died on the day stated above, and death in my oninion resulted from: natural causes , accident , suicide , homicide , undetermined . SIGNATURE DATE SIGNED (Degree or title) ADDRESS 23. RURIAL CREMATION REMOYAL (Specify) DATE THEREOF NAME OF CEMETERY OR-CREMATORY LQCATION (City, town, or county) (State) mo. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06280

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
21. Marys MARYLAND	11/2+1/40nd S/11/0	+ Y-S
OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town	1)
TOWN LEONOY CLOUN	TOWN WYNNE,	
HOSPITAL OR INSTITUTION OR C	STREET (If rural, give location)	
STREET ADDRESS SIMATUS HOSPILAL	ADDRESS	
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day)	(Year)
(Type or Print) W/L/AM	heible DEATH 6-27-	195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH   9. AGE last hirthday   If under I year   If under	er 24 hra
make white (Specify) married	4-7-1885 66 yrs. Months Days Hours	Mln.
10a, USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF	WHAT
done during most of working life, even if retired) INDUSTRY	Washington H.C. COUNTRY?	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
GaTTlieb Scheible	ALMENDINGER - ChrisTing.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of 578-07-7467 A.	ANDREW Scheible - WYNNE, Ma	1.
18. MEDICAL CE		
	INTERVAL BI	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND	DEATH
a Paverioma	Impullach Vate. Sm	D.
Immediate cause (a)		
Antecedent cause(s)		
Diseases or conditions, if any, (b) giving rise to the above cause	**************************************	
16 - stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.	Phrelion	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOP	SY?
	Yes 🗋	No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATI	E)
HOMICIDE		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m.   Work   At work	1 1 1	
00-	1 .50 9 . 27 . 61	
22. I hereby certify that I attended the deceased from	1950 to 1951, that I last saw the dece	eased
alive on 27, 1957, and that death occurred at	11.05 Cm from the causes and on the date stated shows	
SIGNATURE (Digree or title)	ADDRESS DATE SIC	GNED
The other than	Phillips Palatinad 1 00	. 1
11/2 N Jamok WD	refunçãos 1011 1119. 6-29	5
DEMOVAL (Specify)	RY OR CHEMATORY LOCATION (City, town, or county) (St	tate)
BURIOL (Specify) 6-30-5/ FORT LINCO		4
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	1001
REG. (a) 30/51 Carrelles	17.13. Dolinson - Deonardanon!	1110
		/



REREAU V. S.

#### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

06281

	Reg. Disc. No	• · · · · · · · · · · · · · · · · · · ·
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	Tm
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside sofporate limits, write RURAL and giv	e nearest town)
OR give nearest town ChapTico (in this place)	TOWN Chaptico	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rucal, give location)	
3. NAME OF DECEASED (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	B. DATE OF BIRTH 9. AGE last birthday   If under	I year ill under 24 hrs.
5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	12-13-1921 29 yrs. Months	Days Hours Min.
done diring most of working the even if retired)  A DUSTITE TO BUSINESS OR TO BUS	MaryLand	COUNTRY!
13. FATHER'S NAME	MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES I 16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no of unknown) (If yes, give war or dates of 5-77-22-7/29	Effic. E. Thomas	
18. MEDICAL CEI	RTJFICATION	1,
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Hemorrhagic brone	cho pneumonia	
	(7-9-51 - ams)	**************************************
Antecedent cause(s) Diseases or conditions, if any, (b)		ew but on the large do not be builting and substitute of the
glving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		12
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
more 1		Yes No 🗆
21. EXTERNAL CAUSE WAS PRIMARY   OR CONTRIBUTING   PLACE (Home, farm, factory, street, OF office bldg., etc.) CAUSE OF DEATH	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	
INJURY m.   work   matrock	- July 1	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	Autopsy , Inspection , Inquiry thereon and	from the evidence
from: natural causes , accident , suicide , homicide ,	undetermined [].	
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
July and co	shipton val, 112	6/24/51
23. BURAL CREMATION   DATE THEREOF   NAME OF CEMETER   STORY	RY OR CREMATORY LOCATION (City, town, or count	(State)
DATE RECID BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jojas 1 Callette	17-13. TobiNSUN-Leond	rd. Town
	1.820	I md.
	000	- 60

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15A

BUREAU V. S.

Markena Elmans

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Michard Melin Thomas 6-23-

Sames to Thomas Iffice Honoock

Ne 577.03-7139 EFFIC E Hounds

TRUCK DRIVER PROLLERY Expension 1837 y Land CS.

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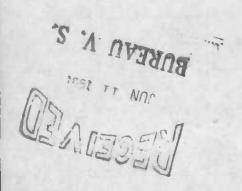
2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

1			
1	1. PLACE OF DEATH. COUNTY J. MONNIS MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTY	of Mary!
1	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RUBAL and give	0
	HOSPITAL OR INSTITUTION OR	TOWN (MUTAL COMMANDE STREET ADDRESS (If rural give location)	
Н	STREET ADDRESS		
	3. NAME OF (First) (Middle) DECEASED (Type or Print)	(Last) 4. DATE (Month) OF DEATH DEATH	(Day) (Year)
	5. SEX  Male   6. COLOR OR PAGE   7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) (Specify)	S. DATE OF BIRTH 9. AGE last bipdday If under I Months 1	year   If under 24 hrs. Days   Hours   Min.
	done during most of working life, evon if retired)   INDUSTRY   INDUSTRY	/11. BIRTHPLACE (State or foreign country)   12.	CITIZEN OF WHAT
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	K.S.H
	Tvilliam Horris	Mergaret Thompson	
	15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMATT AND ADDRESS	
	Mo  service)	Margaret Shomps	on
	18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
	Immediate cause (a) Congenitul her	est defect blue baby	12 hours
	154,4 Antecedent cause(s)	7	
	Diseases or conditions, if any,  giving rise to the above cause stating the underlying cause last		98 00 00 00 or 5 vota sang e dessar intrinspor e the table e or the sanger
	(c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
1	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	none =		Yes   No
	21. ACCIDENT (Specify) SUICIDE HOMICIDE SUICIDE INJURY PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
	TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While	HOW DID INJURY OCCUR?	
	INJURY m. Work At work		
	22. I hereby certify that I attended the deceased from fune. 4	1951, to June 4, 1951, that I last sa	w the deceased
	alive on 19.57, and that death occurred at SIGNATURE (Degree or title)	m., from the causes and on the date state	ted above. DATE SIGNED
	ABIN MA	that Mills mil	615-1,5-1
	23. BURIAL, CREMATION PATE THEREOF NAME OF CEMETER	P 1	) (State)
	DATE REC'D BY LOCAL   KEGISTRAR'S SIGNATURE	24. FUNER DIRECTOR	ADDRESS
	PEG. 5-5/ poplar Mo.	Leorge Thompson bal	Jonnie ml

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly, MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

## VS-A15A

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

06283

COUNTY ST. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside copporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)
3. NAME OF DECEASED (Type or Print)  ALOYSIUS (Middla)	WELCH   4. DATE (Month) (Day) (Year OF DEATH   13 19-
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 7. Specify	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 Hours Minches Days Hours Mi
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evan if petired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WH.  COUNTRY?, S 19
13. FATHER'S NAME  Heysics Welch	Tose A. Welch
15. Was DECRAFED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No. (Yes, no, of unknown)   (If yes, give war or dates of service)	Christine Wolch
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWE ONSET AND DEA
8711	e poisoning, accident
Diseases or conditions, if any, giving rise to the above cause	
179 of stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to tha death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes I No
24. EXTERNAL CAUSE WAS PRIMARY S OR CONTRIBUTING OF Office bidg., etc.) INJURY HOME	(CITY OR TOWN) (COUNTY) (STATE)  Chaptico, Md.
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY 6/13/51 5 Am. While at work at work	Ingestion of paraldehyde poisoning.
from: natural causes , accident , suicide , homicide , SIGNATURE (Degree or title)	ased died on the day stated above, and death in my opinion resulted
BURIOL (Specify) 6-16-51 ST. COSEP.	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D, BY LOCAL REGISTRAR'S SIGNATURE	24 EUNERAL DIRECTOR ADDRESS
4,701 accuracy	Al Sobrison - Leonardhun

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BUREAU V. S.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

06284

I. PLACE OF DEATH- COUNTY ST. Maryland MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY COUNT		
OR give nearest town) Pondrdown (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEONAY OLOWN		
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)		
3. NAME OF DECEASED (Type or Print) William Faniel	(Last)  (Last)  (Last)  (Last)  (Last)  (A. DATE (Month)  (Day)  (Year)  (Year)  (DEATH  (A. DATE (Month)  (Day)  (Year)		
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) U. of oucd.	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs. 10 - 4 - 1864 86 yrs.   Months   Days   Hours   Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired)  INDUSTRY  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTEY? U. S.		
13. FATHER'S NAME Nichard Woodbury	Cane Guy		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no. of unknown) (If yes, give war or dates of service)	ALbert. L. Wood burn - Hameron, Md.		
18. MEDICAL CE	INTERVAL BETWEEN		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE		
Immediate cause (a) Cardio-rua	L Vascular aleseane !		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic osteon	my let right forming (new punt)		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yea  No M		
21. ACCIDENT (Specify) SUICIDE HOMICIDE SUICIDE HOMICIDE PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)		
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY   Mork   At work	HOW DID INJURY OCCUR!		
22. I hereby certify that I attended the deceased from May	19.51, to line 4, 19.51, that I last saw the deceased		
alive on May 3, 19.6., and that death occurred at. 1.	ADDRESS DATE SIGNED		
alonsus O. Welch - M. D.	Chapter. Maryland 6/4/5"		
REMOVAL (Specify) 6-6-51 ST. Jose			
DATE RECO BY LOCAL REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR Semassown Ms.		

BUREAU V. S.
BUREAU V. S.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

06285

1. PLACE OF DEATH.			2. USUAL RESIDENCE (H	OME) OF DECEASED	).
COUNTY	Mary's	MARYLAND	STATE New Jerse	ev (	COUNTY
CITY (If outside corpora	te iimits, write RURA	L and   LENGTH OF STAY	CITY (If outside corporat	e limits, write RURAL	and give nearest town)
OR give nearest town TOWNRULAI LOX	ngton Park.	Md (in this place)	TOWN Arlington	1	
HOSPITAL OR 25 m	les north o	n rt.235	STREET	(If rural, give loca	ation)
STREET ADDRESS			ADDRES 546 Davis	s Ave.,	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Mon	nth) (Day) (Year)
	Stanley	Jerome	YANECEK	OF DEATH Ju	ne 10 1951
5. SEX 6. C	OLOR OR RACE	7. SINGLE, MARRIED,	S. DATE OF BIRTH	. AGE last hirthday   ]	If under 1 year   If under 24 hra
	casian	WIDOWED, DIVORCED, (Specify) Single	3-7-26		Months Days Hours Min.
done design most of worldne	N (Give kind of work	10h Warm on Delassons on	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT
done during most of working	ino, oven it routed,	INDUSTRY U.S. Navy	Penna.		COUNTRY?
13. FATHER'S NAME	/		14. MOTHER'S MAIDEN	NAME	
Stanley G. Y					
15. WAS DECRASED EVER IN (Yes, no. or unknown) (If yes, no. or unknown) (If yes	es, give war of dates of	16. SOCIAL SECURITY No.	17. INFORMANT AND A		
Yes service	re) W • W • Z		U.S. Navy record	is	
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDIT	TIONS DIRECTLY I	LEADING TO DEATH			ONSET AND DEATE
		INJURIES, MULTIPL	יייי די די די די די		Tumaddada
Immediate cau	se (a)	THOUSAND MODITIES	E . EAIRBRE	• • • • • • • • • • • • • • • • • • • •	Immediate
825.5 Antecedent car					
Diseases or condition giving rise to the a	hove cause				
1 / 0 c stating the underly	ring cause last				
	(e)				
11. OTHER SIGNIFICAN' Conditions contributing t related to the disease or	o the death hut not				
		INDINGS OF OPERATION			20. AUTOPSY?
					Yes No X
	pecify)   PLAC	E (Home, farm, factory, street,	(CITY OR TO	WN) (CO	OUNTY) (STATE)
SUICIDE HOMICIDE	INJU	office bldg. etc.) RYZD miles north INJURY OCCURRED While at Not While	of Lexington Park	. Maryland	
	(Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OCC	UR?	
INJURY June 10	1951 Am.	Work At work	Automobile acci	dent	
00 T.L. 1	-4 T -443-3 4h-	danced from	10 1.	10 11-4 T	10.1000
22. I hereby certify if	iat I attended the	deceased from	, 19, to	, 19, that 1	last saw the deceased
	, 19, and	d that death occurred at	.0.2.45.A.m., from the c	auses and on the	date stated above.
SIGNATURE -		(Degree or title)	ADDRESS		DATE SIGNED
A.R. ERRION COR	CMC TIENT	T-03	703740 73 4		6-40-51
23. BURIAL, CREMATIO	N   DATE THEREO	F NAME OF CEMETE	ISNAS Patuxent L	ENABA (MOTIVA)	or county) (State)
TRANS PORTALIO	M 6-11-	5/1 -	$\mathcal{H}$	AZLELON	Paul
DATE REC'D BY LOCA	L REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTOR	2010	A_ADDRESS
REG. (0/11/51	( Vace	cally (	HBO Colins	1 - Lines	Slaven mg
					The state of the s

BUREAU V. S.

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BECEINED